

11/21/2017 14:18
Nov 21 17:10:53a

5013407071
Willard Proctor, Jr., P.A.

DETENTION ADMIN
5013254969

PAGE 01/05
p.1



Law Offices Of
Willard Proctor, Jr., P.A.

Willard Proctor, Jr.
E Mail: willard@wgjrlaw.com

2500 South State Street
Little Rock, Arkansas 72208-2168

RECEIVED
RECORDS OFFICE
2017 NOV 21 AM 11:58
LITTLE ROCK, AR

FAX TRANSMISSION

Sender Phone: (501) 378-7720 Arkansas
(850) 321-2371 Florida
Sender Fax: (501) 325-4969

TO: Sheriff Doc Holladay/ Attn: Ms. Claybrook
FR: Willard Proctor, Jr.
RE: Kenneth Lawrence
DA: 11/21/2017

Fax number: (501) 340-6880

Number of Pages: 5 Including Fax Transmission sheet

Message:

****CONFIDENTIAL****

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67 pages
#1700

Blower
11/21/17

11/21/2017 14:18 5013407071
Nov 21 17 10:53a Willard Proctor, Jr., P.A.

DETENTION ADMIN
5013254959

PAGE 02/03
p.2



Law Offices Of
Willard Proctor, Jr.

Willard Proctor, Jr.
Licensed in Arkansas and Florida
E Mail: willard@wpjrlaw.com

2500 State Street
Little Rock, Arkansas 72206-2162

Arkansas: (501) 378-7720
Florida: (850) 321-2371
Fax Number: (501) 325-4959

November 21, 2017

Sheriff Doc Holladay
Pulaski County Sheriff
2900 South Woodrow Road
Little Rock, AR 72204
ATTN: Donna Claybrook
VIA FACSIMILE: (501) 340-6880

Medical Records Request RE: Kenneth Lawrence

Date of Birth: [REDACTED]

SSN: [REDACTED]

Dear Ms. Claybrook:

Please find the following medical authorization signed by the administratrix along with the order appointing administratrix on the above-referenced client. Please send a copy of all medical records to: 2500 State Street, Little Rock, AR 72206. You may also fax the records to (501) 325-4959.

Thank you in advance for your attention to this matter. I remain,

Very truly yours,

Willard Proctor, Jr.

Willard Proctor, Jr.

Nov 21 17 10:53a Willard Proctor, Jr., P.A.

DETENTION ADMIN

5013254959

p.3

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient name: Kenneth R. Lawrence

Date of Birth: [REDACTED]

Social Security Number:

1. I authorize the use or disclosure of the above named individual's health information as described below:

2. The following individual or organization is authorized to make the disclosure:

Medical Provider/Facility Name, Address:

Pulaski County Detention2900 South Woodrow RoadLittle Rock, AR 72204

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

- | | | |
|------------------------------------|---------------------------------|---------|
| • Problem list | • Medication list | • Other |
| • List of Allergies | • Immunization record | |
| • Most recent history and physical | • Most recent discharge summary | |
| • Laboratory results | • X-ray and imaging reports | |
| • Consultation reports | • Entire Record | |

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Willard Proctor, Jr., P.A.
2500 South State Street
Little Rock, AR 72205-2162

For the purpose of Pending Litigation:

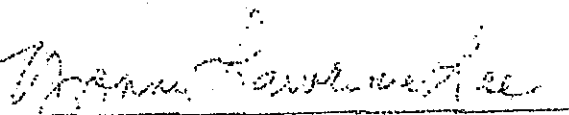
6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insured with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition:

If I fail to specify an expiration date, event or condition, this authorization will expire in 1 year.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization; I need not sign this form in order to receive treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CER 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact Willard Proctor, Jr. P.A.

Signature of Patient or Legal Representative

Date



Kenneth R. Lawrence

Yvonne Lawrence Lee, Administrator

11/21/2017

NOV 21 17:10:03
WILLARD PROCTOR, JR., P.A.DETENTION ADMIN
5013254959

p.4

IN THE PROBATE COURT OF PULASKI COUNTY, ARKANSAS
PROBATE - THIRD DIVISIONELECTRONICALLY FILED
Pulaski County Circuit Court
Lerry China, Circuit Court Clerk
2017-Sep-29 11:54:37
60PR-17-1436
C06D03:2 PagesIN THE MATTER OF THE ESTATE OF
KENNETH RENEE LAWRENCE, DECEASED

NO.: 60PR-17-1436

ORDER APPOINTING ADMINISTRATRIX

On this 28th day of September, 2017 is presented the application and petition of Yvonne D. Lawrence-Lee, whose address is 1622 Orange Street, North Little Rock, Pulaski County, Arkansas for the appointment of an administrator of the estate of Kenneth Renee Lawrence deceased, and upon consideration of such petition, and the facts and evidence in support thereof, the Court finds:

That Kenneth Renee Lawrence is deceased and died intestate; that this Court has jurisdiction and venue properly lies in this County; that Yvonne D. Lawrence-Lee is a proper person and fully qualified by law to serve as administrator of the estate and administer the estate of the deceased.

It is, therefore, CONSIDERED and ORDERED, by the Court, that administration of the estate be, and hereby is, opened and that Yvonne D. Lawrence-Lee be, and hereby is, named the administrator of the estate of the decedent; that Letters of administration shall be issued to said person to serve without bond.

IT IS SO ORDERED.

Honorable Cathi Compton
Circuit Judge

Date

Prepared by:
/s/ Willard Proctor, Jr.
Willard Proctor, Jr.
Attorney for Petitioner
2500 South State Street
Little Rock, AR 72206-2162
(501) 378-7720
Arkansas Bar No.: 87136
winward/estprob.doc

Nov 21 17 10:53a 501348/011
Willard Proctor, Jr., P.A.

DETENTION ADMIN
5013254959

PAGE 007 00
p.5



Arkansas Judiciary

Case Title: KENNETH RENEE LAWRENCE
Case Number: 60PR-17-1436
Type: ORDER APPT ADMINISTRATOR/IX

So Ordered

A handwritten signature in black ink, appearing to read "Stephen V. Compton".

Judge Compton



MEDICAL COMMUNICATION FORM

Detainee Name: Lawrence, KennethDate / Time: 6-8-17 10:36

Unit: _____

Book-In #: 9668-17

Type Altercation:

Code Red

Code Blue

Code IV (4)

Other: _____

Relocation Need:	Housing Accommodations
General Population	Visually Impaired
Contact Isolation (MRSA)	Hearing Impaired
ADA Cell	<input checked="" type="checkbox"/> Bottom Tier / Bottom Bunk
Special Needs (W3)	Cane
Medical Ad Seg	Wheelchair
Put on Suicide Watch	Crutches
Remove from Suicide Watch	Prosthesis (Specify)
	Other (Specify)
Assessed by medical to remain in unit	Assessed by medical for outside care
Decontaminated	Restraint Check

Charge Nurse: S. Pina

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

SUBJECTIVE:

SUBJECTIVE:

I/m came to Deputy station stated "Theres a guy having a seizure."

OBJECTIVE:

WT:

NO ANSWER PROVIDED

PULSE OX:

94

TEMP:

99.4

BP:

134/58

HR:

76

COMMENTS:

NO ANSWER PROVIDED

ASSESSMENT:

ASSESSMENT:

Deputy went to assess situation while this nurse stayed with pill cart until unit was secure for cart to be left unattended and stored away. 0853 Code red was called and This nurse went to assess pt. PT was laying on floor on L side in postictal state respirations deep and labored. PT was diaphoretic and responded to painful stimuli. Had 1cm open area to left brow with 3cm raised area surrounding that same area. No other injury noted. Additional staff arrived. Vitals were obtained. Pt was still in postictal state and responded to painful stimuli. Pt became combative and officers addressed the issue. Physical contact was made blood noted. Pt was placed in chair and decontaminated by medical staff then transported out of unit. 0932 Code red in L-unit. This nurse started ambu bagging process and started relieving compression duties. Performed CPR until relieved x2.

PLAN:

PLAN:

NO ANSWER PROVIDED

EDUCATION:

EDUCATION:

NO ANSWER PROVIDED

TK INCIDENTAL SOAPE NOTE:

Nursing Note

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By NGUYEN, JOHNATHAN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] (36y) Location: D-109

Save Log

User Name	Audit Date
NGUYEN, JOHNATHAN	6/9/2017 5:15:35 PM
NGUYEN, JOHNATHAN	6/9/2017 12:46:43 PM

TK INCIDENTAL SOAPE NOTE:

Nursing Note

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By NGUYEN, JOHNATHAN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Known Allergies:

NO KNOWN DRUG ALLERGY

MEDICAL HISTORY:

☒ Seizure Disorder

Current Medications:

keppra

Current Condition Onset:

☒ New Condition

Nature of Current Condition:

Complete any areas that the patient experiences as symptomatic:

Asthma/Breathing Complications

☒ Yes

Chest Pains

NO ANSWER PROVIDED

Headaches/Body Pain

NO ANSWER PROVIDED

Seizure

NO ANSWER PROVIDED

Diabetic Episode

☒ No

OB/GYN Symptoms

☒ No

Suicide Attempt/Threat of Self Harm/Psychiatric Episode

☒ No

Bleeding/Bodily Injury

☒ No

Intoxication/Withdrawal Symptoms (Tremors, Disoriented, Hallucinations, Unsteady Gait, Lethargic)

☒ No

Other

☒ Yes

If Other, Please Specify:

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By COOK, STEVEN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

cardiac arrest

Condition improved by:

CPR

Condition made worse by:

none

Inmate complaint/what additional information has the inmate provided?

none

Caller's observation:

Taking I/m from D unit to L unit via chair, checked breathing and pulse both present in C/D hallway. Upon arriving to L unit I/m appeared to not be breathing, no respirations noted, no heart sounds heard or pulse present. asked security to call code red and placed him on floor. CPR started by this nurse and as additional nursing staff arrived CPR rotation started. EMS was called at 0932 when code was called, I/V started by RN, MD present during CPR. MEMS arrived and took over CPR and transported.

Vital Signs**BP:**

0

P (bpm):

0

R (rpm):

0

T:

0

O2:

0

Wt:

0

Finger Stick Result (for known diabetics):

NO ANSWER PROVIDED

Repeat Vitals?☒ No**PLAN**

COLLECT THE ABOVE DATA THEN CONTACT THE ON-CALL PROVIDER

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By COOK, STEVEN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Name of Notified Provider:

Chase

Time:

0935

Were orders received for treatment?

NO ANSWER PROVIDED

Additional Orders:

NO ANSWER PROVIDED

Provider Notification:

☒ Provider notification is required after collecting the data above.

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET
TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

Patient Name: LAWRENCE, KENNETH RENEE
Patient Number: 185217
Location: D-109
DOB: [REDACTED]
Facility: PULASKI CTY REG DET CTR
Electronically Signed By COOK, STEVEN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Save Log

User Name	Audit Date
COOK, STEVEN	6/9/2017 4:03:38 PM

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
COOK, STEVEN	6/9/2017 5:03:39 PM	Form Processed Approval	False

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By COOK, STEVEN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

SUBJECTIVE:

SUBJECTIVE:

NO ANSWER PROVIDED

OBJECTIVE:

WT:

NO ANSWER PROVIDED

PULSE OX:

NO ANSWER PROVIDED

TEMP:

NO ANSWER PROVIDED

BP:

NO ANSWER PROVIDED

HR:

NO ANSWER PROVIDED

COMMENTS:

NO ANSWER PROVIDED

ASSESSMENT:

ASSESSMENT:

THIS NURSE RESPONDED TO CODE BLUE ASSISTED IN STARTING AN IV IN RIGHT AC TIMES ONE STICK WITH 22G. ALSO ASSISTED EMT'S AND OTHER MEDICAL STAFF IN PLACE INMATE ON BACK BOARD AND THEN ONTO STRETCHER

PLAN:

PLAN:

NO ANSWER PROVIDED

EDUCATION:

EDUCATION:

NO ANSWER PROVIDED

TK INCIDENTAL SOAPE NOTE:

Nursing Note

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By TILLMAN-WILSON, QUELINDA on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Save Log

User Name	Audit Date
TILLMAN-WILSON, QUELINDA	6/9/2017 2:18:51 PM

TK INCIDENTAL SOAPE NOTE:

Nursing Note

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By TILLMAN-WILSON, QUELINDA on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Known Allergies:

NO KNOWN DRUG ALLERGY

MEDICAL HISTORY:

☒ Seizure Disorder

Current Medications:

Keppra 500mg po BID.

Current Condition Onset:

☒ Prior Occurrence

Frequency:

NO ANSWER PROVIDED

Last Occurrence:

NO ANSWER PROVIDED

Nature of Current Condition:

Complete any areas that the patient experiences as symptomatic:

Asthma/Breathing Complications

☒ No

Chest Pains

☒ No

Headaches/Body Pain

☒ No

Seizure

☒ Yes

How many minutes did the seizure last?

postictal when encountered

Diabetic Episode

☒ No

OB/GYN Symptoms

☒ No

Suicide Attempt/Threat of Self Harm/Psychiatric Episode

☒ No

Bleeding/Bodily Injury

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By MANNIS, MALLORY on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

☒ Yes

Intoxication/Withdrawal Symptoms (Tremors, Disoriented, Hallucinations, Unsteady Gait, Lethargic)

☒ Yes

Other

☒ Yes

If Other, Please Specify:

Code red called at 0853 to D unit, once arrived medical was assessing inmate. While assessing inmate became aggressive, security then took over scene calling code blue at 0902. Once inmate secure, placed in wheelchair so medical could decontaminate eyes and face. Thorazine shot given to right shoulder per medical. Placed in the restraint chair by security, taken out of unit via restraint chair for further assessment by medical. At 0932 Code Red called to L unit, once arrived to unit, nurse performing CPR. I, nurse Mannis, applied AED pads @ 0933 while nurse resumed CPR. Ambu bag applied to O2, rescue breathes initiated. No shock advised, zero pulse, CPR resumed via nursing staff, rotating for relief. Fire dept arrived on scene @ 0940 and took over CPR. IV started to Right AC via nurse, flushed with NS. Epi was pushed through IV via MD @ 0945. CPR continued via fire dept. MEMS arrived at 0947 on scene. MEMS took over scene and left building with inmate on stretcher.

Condition improved by:

NO ANSWER PROVIDED

Condition made worse by:

NO ANSWER PROVIDED

Inmate complaint/what additional information has the inmate provided?

NO ANSWER PROVIDED

Caller's observation:

NO ANSWER PROVIDED

Vital Signs

BP:

134/58

P (bpm):

76

R (rpm):

24

T:

99.4

O2:

94

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET
TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By MANNIS, MALLORY on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Wt:

unable to obtain

Finger Stick Result (for known diabetics):

NO ANSWER PROVIDED

Repeat Vitals?

☒ Yes

How often?

NO ANSWER PROVIDED

PLAN

COLLECT THE ABOVE DATA THEN CONTACT THE ON-CALL PROVIDER

Name of Notified Provider:

Chase

Time:

0905

Were orders received for treatment?

☒ Yes

ORDERS:

☒ CALL AMBULANCE FOR EMERGENCY TRANSPORT

Ambulance notification time:

0932

Transport time:

0950

Additional Orders:

☒ Yes

Specify:

Thorazine 50mg IM now

Provider Notification:

☒ Provider notification is required after collecting the data above.

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By MANNIS, MALLORY on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Save Log

User Name	Audit Date
MANNIS, MALLORY	6/9/2017 2:13:39 PM
MANNIS, MALLORY	6/9/2017 12:15:42 PM

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
MANNIS, MALLORY	6/9/2017 3:13:40 PM	Form Processed Approval	False

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By MANNIS, MALLORY on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

PROVIDER SOAPE NOTE:SUBJECTIVE:**Subjective Assessment:**

Called to see patient for cardiac arrest. He was involved in a code blue and was hit in the head. May have been post ictal. Had thorazine 50mg IM in preparation of laceration repair due to combativeness and became pulseless and apneic.

OBJECTIVE:VITALS:**WT:**

NO ANSWER PROVIDED

PULSE OX:

NO ANSWER PROVIDED

T:

NO ANSWER PROVIDED

BP:

0

HR:

0

GENERAL:**DISTRESS LEVEL:**☒ Severe**ALERT:**☒ No**ORIENTED:**

NO ANSWER PROVIDED

APPEARS:☒ Underweight**BMI (If Obese or Underweight):**

NO ANSWER PROVIDED

DRESS:☒ Disheveled**TK PROVIDER SOAPE NOTE:**

Provider-Nurse SOAP Note

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By CHASE, KAREN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

DEMEANOR:

NO ANSWER PROVIDED

HYGEINE:

☒ Normal

SKIN:

RASH:

NO ANSWER PROVIDED

LOCATION:

NO ANSWER PROVIDED

LESION:

NO ANSWER PROVIDED

SIZE and LOCATION:

NO ANSWER PROVIDED

WOUND:

NO ANSWER PROVIDED

SIZE, DEPTH, and LOCATION:

NO ANSWER PROVIDED

TURGOR:

☒ Normal

HEENT:

EYES:

☒ PERRLA

EARS:

NO ANSWER PROVIDED

NASAL:

NO ANSWER PROVIDED

SINUSES:

NO ANSWER PROVIDED

PHARYNX:

☒ Normal

TONSILS:

TK PROVIDER SOAP NOTE:

Provider-Nurse SOAP Note

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By CHASE, KAREN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

NO ANSWER PROVIDED

NECK:

NO ANSWER PROVIDED

DENTITION:

NO ANSWER PROVIDED

DECAY:

NO ANSWER PROVIDED

DENTAL ABCESS:

NO ANSWER PROVIDED

TOOTH FRACTURE:

NO ANSWER PROVIDED

HEART:

HEART:

NO ANSWER PROVIDED

LUNGS:

LUNGS:

☒ Clear

RESPIRATIONS:

☒ Unlabored

ABDOMEN:

ABDOMEN:

☒ Soft

TENDER:

NO ANSWER PROVIDED

BOWEL SOUNDS:

NO ANSWER PROVIDED

MASS:

NO ANSWER PROVIDED

SIZE, LOCATION, TEXTURE:

NO ANSWER PROVIDED

TK PROVIDER SOAP NOTE:

Provider-Nurse SOAP Note

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By CHASE, KAREN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

EXTREMITIES:

NORMAL:

☒ Yes

EDEMA:

NO ANSWER PROVIDED

COLOR:

NO ANSWER PROVIDED

PEDAL PULSES: LEFT

NO ANSWER PROVIDED

PEDAL PULSES: RIGHT

NO ANSWER PROVIDED

GAIT:

☒ Nonambulatory

GU/RECTAL:

MALE GENITALIA:

NO ANSWER PROVIDED

LESIONS:

NO ANSWER PROVIDED

FEMALE GENITALIA: NORMAL?

NO ANSWER PROVIDED

LESIONS:

NO ANSWER PROVIDED

DISCHARGE:

NO ANSWER PROVIDED

CERVICAL LESIONS:

NO ANSWER PROVIDED

RECTAL:

NO ANSWER PROVIDED

HEMOCCULT:

NO ANSWER PROVIDED

TK PROVIDER SOAPE NOTE:

Provider-Nurse SOAP Note

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By CHASE, KAREN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

NEURO:

GROSS DEFICITS:

NO ANSWER PROVIDED

MOTOR STRENGTH:

☒ Symmetrical

SENSATION:

NO ANSWER PROVIDED

TOE WALK:

NO ANSWER PROVIDED

HEEL WALK:

NO ANSWER PROVIDED

RHOMBERG:

NO ANSWER PROVIDED

BABINSKI:

NO ANSWER PROVIDED

TINEL's

NO ANSWER PROVIDED

PHALEN's:

NO ANSWER PROVIDED

DTR's:

NO ANSWER PROVIDED

Do you have Additional Comments?

☒ Yes, Additional Comments. Review Provider SOAPE Note form.

Additional Comments:

Pulseless and apneic. No seizure activity noted. Has laceration on left eye brow. He has blood on his shirt.

ASSESSMENT:

Assessment:

Cardiopulmonary arrest-unknown etiology. Consider Cerebral hemorrhage, seizure related, bradycardia or hypotension with no discernible pulse.

PLAN:

PLAN:

TK PROVIDER SOAPE NOTE:

Provider-Nurse SOAP Note

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By CHASE, KAREN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

CPR in progress, ventilation with BVM with O2, AED used with no shock indicated, IV inserted, Epinephrine 3ml given. Patient was down for approx. 9 minutes with no consistent pulse. Did have intermittent brief periods of pulse palpable and visible in abdomen, but disappeared rapidly each time. He developed a strong pulse after Epinephrine given. Ambulance arrived and taken to UAMS. He was no alert during my evaluation period. Report was called to RN at UAMS.

EKG:

NO ANSWER PROVIDED

Follow Up:

NO ANSWER PROVIDED

Ordering Medications?☒ Yes, Medications. Review Provider Soape Note. Plan Area.**Medications Ordered:**

Epinephrine 1:10,000 3ml IV

NS 500ml bolus IV

Chart Check

NO ANSWER PROVIDED

VITALS/X-RAYS/LABS/ETC:**VITALS:****BP Check:**

NO ANSWER PROVIDED

Pulse Check:

NO ANSWER PROVIDED

Respiration Checks:

NO ANSWER PROVIDED

FSBS Check:

NO ANSWER PROVIDED

Temp Check:

NO ANSWER PROVIDED

O2 SAT Check:

NO ANSWER PROVIDED

Weight Check:

NO ANSWER PROVIDED

TK PROVIDER SOAPE NOTE:

Provider-Nurse SOAP Note

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By CHASE, KAREN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Dressing Change:

NO ANSWER PROVIDED

LABS/MICROBIOLOGY:

FREQUENTLY ORDERED LABS/HEMOTOLOGY/TESTS:

Frequently Ordered LABS: (ORDER NOW)

NO ANSWER PROVIDED

Frequently Order LABS: (ORDER PRIOR TO NEXT VISIT)

NO ANSWER PROVIDED

ORDER ADDITIONAL LABS/X-RAYS/ULTRASOUND: (SPECIFY WHEN (NOW/PRIOR TO NEXT VISIT))

Do you wish to schedule Additional Labs?

NO ANSWER PROVIDED

Do you wish to order X-Rays?

NO ANSWER PROVIDED

Do you wish to order Ultrasounds?

NO ANSWER PROVIDED

EDUCATION:

EDUCATION:

NO ANSWER PROVIDED

TK PROVIDER SOAP NOTE:

Provider-Nurse SOAP Note

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By CHASE, KAREN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Save Log

User Name	Audit Date
CHASE, KAREN	6/9/2017 12:50:02 PM

TK PROVIDER SOAPE NOTE:

Provider-Nurse SOAP Note

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By CHASE, KAREN on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Known Allergies:

NO KNOWN DRUG ALLERGY

MEDICAL HISTORY:

☒ Seizure Disorder

Current Medications:

Keppra 500mg po BID.

Current Condition Onset:

☒ Prior Occurrence

Frequency:

NO ANSWER PROVIDED

Last Occurrence:

NO ANSWER PROVIDED

Nature of Current Condition:

Complete any areas that the patient experiences as symptomatic:

Asthma/Breathing Complications

☒ No

Chest Pains

☒ No

Headaches/Body Pain

☒ No

Seizure

☒ Yes

How many minutes did the seizure last?

postictal when encountered

Diabetic Episode

☒ No

OB/GYN Symptoms

☒ No

Suicide Attempt/Threat of Self Harm/Psychiatric Episode

☒ No

Bleeding/Bodily Injury

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By MITCHELL, JACOB on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

☒ Yes**Intoxication/Withdrawal Symptoms (Tremors, Disoriented, Hallucinations, Unsteady Gait, Lethargic)**☒ Yes**Other**☒ Yes**If Other, Please Specify:**

Code Red called at 0853. Presented in supine position with top of head toward cell exit on initial encounter. Had 1cm open area to left brow with 3cm raised area surrounding that same area. No other injury noted. Responded to painful stimuli and became combative at 0902 requiring Jail staff to call a Code Blue, requiring forceful restraint. In the attempt to restrain there was 5 times that arms contacted patients face. Blood was present on patients nose at this point. He was restrained until he could be placed to the restraint chair. 50mg Thorazine IM to right shoulder and transported via restraint chair to be assessed by Dr. Chase. At 0932 Nurse Cook LPN was unable to auscultate respirations patient was transferred to the floor and CPR was initiated. Ambu Bag initiated, AED applied. At 0945 Epinephrine was pushed. MEMS arrived and took over with care. Patient pulse 45, transported by MEMS.

Condition improved by:

NO ANSWER PROVIDED

Condition made worse by:

NO ANSWER PROVIDED

Inmate complaint/what additional information has the inmate provided?

NO ANSWER PROVIDED

Caller's observation:

NO ANSWER PROVIDED

Vital Signs**BP:**

134/58

P (bpm):

76

R (rpm):

24

T:

99.4

O2:

94

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By MITCHELL, JACOB on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Wt:

not able to collect

Finger Stick Result (for known diabetics):

NO ANSWER PROVIDED

Repeat Vitals?

☒ Yes

How often?

NO ANSWER PROVIDED

PLAN

COLLECT THE ABOVE DATA THEN CONTACT THE ON-CALL PROVIDER

Name of Notified Provider:

Karen Chase

Time:

0905

Were orders received for treatment?

☒ Yes

ORDERS:

☒ CALL AMBULANCE FOR EMERGENCY TRANSPORT

Ambulance notification time:

0932

Transport time:

0950

Additional Orders:

☒ Yes

Specify:

Thorazine 50mg IM now. Bring to medical for assessment of Left eyebrow.

Provider Notification:

☒ Provider notification is required after collecting the data above.

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By MITCHELL, JACOB on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Save Log

User Name	Audit Date
MITCHELL, JACOB	6/9/2017 12:05:31 PM

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
MITCHELL, JACOB	6/9/2017 1:05:32 PM	Form Processed Approval	False

TK EMERGENCY/ON-CALL DATA COLLECTION SHEET
TK EMERGENCY/ON-CALL DATA COLLECTION SHEET

Patient Name: LAWRENCE, KENNETH RENEE
Patient Number: 185217
Location: D-109
DOB: [REDACTED]
Facility: PULASKI CTY REG DET CTR
Electronically Signed By MITCHELL, JACOB on 6/9/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] **Location:** D-109

I hereby authorize the use or disclosure of the Protected Health Information (PHI) described below to be provided to or obtained by the following (please provide complete address):

Name of Facility or Person to receive PHI:

NO ANSWER PROVIDED

Address:

NO ANSWER PROVIDED

Phone No:

NO ANSWER PROVIDED

Fax No:

NO ANSWER PROVIDED

Name of Facility or person to Release PHI:

NO ANSWER PROVIDED

Address:

NO ANSWER PROVIDED

Phone No:

NO ANSWER PROVIDED

Fax No:

NO ANSWER PROVIDED

Type of information to be disclosed:

NO ANSWER PROVIDED

If Other, Describe:

NO ANSWER PROVIDED

The purpose of such disclosure:

NO ANSWER PROVIDED

The designated information about me ____ be transmitted by fax, electronic mail or other electronic file transfer mechanisms.

NO ANSWER PROVIDED

The above designated person ____ discuss by telephone the content of the information released.

NO ANSWER PROVIDED

This consent is in effect until release from custody. I understand that I may revoke this authorization, in writing, at any time unless action based on it has already taken place.

I hereby release all parties stated herewith from any liability resulting from the release of this information. I agree that a photocopy of this release shall be as valid as the original.

I understand that the information authorized for release may include records related to mental health, or drug, substance or alcohol abuse. I also understand that my communications in therapy are protected under federal and state confidentiality regulations and cannot be disclosed without my written authorization. The information

**TK AUTHORIZATION FOR DISCLOSURE AND RELEASE OF
PROTECTED HEALTH INFORMATION**

PHI RELEASE- LEGAL

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

provided by a client during therapy sessions is legally confidential in the case of licensed clinical social workers, except as provided in section 12.43.218 CRS and except for certain legal exceptions. In general, these exceptions pertain to matters of danger to self or others, and to assault or neglect of children

. I further understand that the potential exists for re-disclosure of my private mental health information, and that it may no longer be protected under the HIPAA privacy regulations.

I understand that information I have or may have a communicable or venereal disease is made confidential by law and cannot be disclosed without permission except in limited circumstances including disclosure to persons who have had risk exposures, disclosure pursuant to an order of the court or the U.S. Department of Health, disclosure among health care providers or disclosure for statistical or epidemiological purposes. When such information is disclosed, it cannot contain information from which you could be identified unless disclosure of that identifying information is authorized by you, by an order of the court or the U.S. Department of Health or by law.

This is to certify that I have given consent freely and voluntarily, and that the benefits and disadvantages of releasing the information, if known, have been explained to me.

Signature of Patient:

NO ANSWER PROVIDED

Date:

NO ANSWER PROVIDED

FEDERAL REGULATIONS PROHIBIT THE RECIPIENT OF THIS INFORMATION FROM MAKING ANY FURTHER DISCLOSURES OF THIS INFORMATION.

**TK AUTHORIZATION FOR DISCLOSURE AND RELEASE OF
PROTECTED HEALTH INFORMATION**

PHI RELEASE- LEGAL

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Save Log

User Name	Audit Date
POMAYBO, SHANE	6/8/2017 10:36:08 AM

**TK AUTHORIZATION FOR DISCLOURE AND RELEASE OF
PROTECTED HEALTH INFORMATION**
PHI RELEASE- LEGAL

Patient Name: LAWRENCE, KENNETH RENEE
Patient Number: 185217
Location: D-109
DOB: [REDACTED]
Facility: PULASKI CTY REG DET CTR
Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

INTAKE MENTAL HEALTH SCREENING:

INITIAL:

1. Is the patient able to answer questions coherently:

☒ Yes

2. Is the patient currently on medication for depression, psychosis, or for other mental health conditions?

☒ No

RISK ASSESSMENT QUESTIONS:

3. Are you currently thinking of killing or hurting yourself:

☒ No

4. Do you feel there is nothing to look forward to in your future: (extreme hopelessness additional prompting may be required)

☒ No

5. Are you a professional charged with a high profile crime.

☒ No

6. Prior to your arrest, were you extremely depressed or have little interest or pleasure in things that used to bring you joy:

☒ No

7. Are you currently hearing voices or noises that others can't hear:

☒ No

8. Does patient present with any signs or conditions of recent suicide attempts or self harm:

☒ No

Did patient answer yes to any question 3-8?

☒ No

***** If YES to ANY question from 3-8, PLACE ON
SUICIDE WATCH and make URGENT REFERRAL to
MENTAL HEALTH*****

9. Have you recently started an antidepressant or had a recent increase in your antidepressant dosage in the past week:

☒ No

10. Is this your first time in jail:

☒ No

TK PULASKI INTAKE MENTAL HEALTH

Intake Mental Health Screening

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

10a. If yes to question 7, is the inmate over the age of 65 or younger than 18:

☒ No

10b. If yes to question 7, is the inmate presenting as a transgender or transexual:

☒ No

11. Have you ever attempted to harm yourself:

☒ No

12. Have you seen a mental health professional for emotional or mental health problems within the last 5 years?:

☒ No

13. Have you ever been hospitalized for a traumatic brain injury:

☒ No

14. Have you been in the hospital for depression or mental health problems within the last 5 years?:

☒ No

15. Have you been hospitalized or received out-patient treatment for alcohol or drug abuse within the last 5 years?:

☒ No

16. Do you feel overly anxious or has your recent activity level increased significantly without justification:

☒ No

17. Are you extremely worried you will lose your job, spouse, significant other or children due to your arrest:

☒ Yes

Explain:

job and family

18. Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible from your past:

☒ No

19. Do you currently believe that someone can control your mind or that other people can read your thoughts:

☒ Yes

Explain:

said its a possibility

20. Are you worried that someone might hurt or kill you:

☒ No

21. Have you been a victim of physical, emotional or sexual abuse in the past 5 days:

☒ No

22. In school were you ever told you had difficulty learning or in any special classes:

☒ No

TK PULASKI INTAKE MENTAL HEALTH

Intake Mental Health Screening

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

23. Have you ever been arrested for a sexual offense:

☒ No

24. Does patient appear to be sad, irritable, emotional flat, hallucinating or showing signs of other mental illness:

☒ No

Did patient answer YES to any questions between 9 and 24, besides #10 & #17?

☒ Patient answered YES to any question between 9 and 24 (besides #10 & #17).

*** If YES to any questions 9-24 (besides #10 & #17) ROUTINE REFERRAL TO MENTAL HEALTH for further evaluation***

25. Does patient display any unusual behavior or act strange. For instance, does the patient seem unable to focus their attention or are they seeing or hearing things that are not there:

☒ No

26. Does the patient appear under the influence:

☒ No

27. Do you have frequent seizures: If yes, are you on medications:

☒ Yes

List Medications:

last dose of medication this morning

Did patient answer yes to 5 or more questions 9-27?

☒ No

** If YES to 5 or more questions 9-27, PLACE ON SUICIDE WATCH and MAKE an URGENT REFERRAL TO MENTAL HEALTH***

DISPOSITION/PLAN OF ACTION:

Housing:

☒ Stable MH condition (ROUTINE MH REFERRAL) General Population

TK PULASKI INTAKE MENTAL HEALTH
Intake Mental Health Screening

Patient Name: LAWRENCE, KENNETH RENEE
Patient Number: 185217
Location: D-109
DOB: [REDACTED]
Facility: PULASKI CTY REG DET CTR
Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] **Location:** D-109

Form must be reviewed by Mental Health:

☒ Yes, Must be reviewed by Mental Health

TK PULASKI INTAKE MENTAL HEALTH

Intake Mental Health Screening

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Save Log

User Name	Audit Date
POMAYBO, SHANE	6/8/2017 10:35:47 AM

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
DOWDY, MARITA	6/8/2017 11:59:06 AM	MH REFERRAL GENERATED	False

TK PULASKI INTAKE MENTAL HEALTH

Intake Mental Health Screening

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

MEDICAL INTAKE BOOKING

DEMOGRAPHICS:

Health Insurance:

☒ Yes

Policy Number if Applicable:

blue cross blue shield

Gender:

☒ Male

Race:

☒ Black

MEDICAL OBSERVATIONS:

List all known allergies:

NO KNOWN DRUG ALLERGY

Sent for FIT:

☒ No

Any injuries due to arrest or booking?

☒ No

Does the inmate show signs or reporting complaints of significant injury, excessive bleeding, or psychosis, or other emergent condition requiring immediate treatment:

☒ No

Have you had a significant head injury in the past 3 days? If yes, did you seek treatment:

☒ No

When was your last healthcare visit? (Include Provider Name and location and complete a Release of Information, as applicable):

2016

Provider name, location, and any pending appointments:

uams no pending appointments

Have you ever been incarcerated at this facility? If yes, provide year:

☒ Yes

Year:

2017

TK PULASKI INTAKE SCREENING MEDICAL BOOKING
INTAKE SCREENING, MEDICAL, INTERVIEW

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Who is your emergency health contact and how to contact them?

levan Lawrence 501-258-4380

Is the patient currently taking any medications?

☒ Yes

If yes to above question, list all current medications including dosages, frequency, last time taken, and name of pharmacy:

unk seizure medication 2x daily last dose this morning

Walmart cabot

Has the patient been checked for head lice?

☒ Yes

Does the patient need treatment for head lice?

☒ No

Does the patient use any of the following

NO ANSWER PROVIDED

If yes to the above question, does the inmate have the item on their person?

☒ No

If yes to the above question, has the item been placed in property?

☒ No

PATIENT VITALS:

Blood Pressure:

124/83

Pulse:

58

Respirations:

16

Temperature:

97.6

Weight:

170

Height:

6'0

TK PULASKI INTAKE SCREENING MEDICAL BOOKING
INTAKE SCREENING, MEDICAL, INTERVIEW

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED] 1

Facility: PULASKI CTY REG DET CTR

Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

SP02

98

MEDICAL ILLNESSES:**Chronic Conditions****Heart Attack/Cardiac Disease:**☒ No**High Blood Pressure:**☒ No**Cancer/Oncology:**☒ No**Lung Disease or Asthma:**☒ No**Stroke:**☒ No**Diabetes:**☒ No**Note current FSBS:**

NO ANSWER PROVIDED

Do you consider your diabetes under good control?☒ N/A**Seizures:**☒ Yes**Note date of last seizure:**

last known seizure said about 3-4 months ago

last dose of medication this morning

HIV:☒ No**Liver Disease or Hepatitis:**☒ No

Patient to be seen by chronic clinic.

TK PULASKI INTAKE SCREENING MEDICAL BOOKING
INTAKE SCREENING, MEDICAL, INTERVIEW

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

☒ Yes

Current STD's:

☒ No

Are you receiving treatment:

☒ No

Do you have a history of TB treatment or a Positive Skin Test:

☒ No

Have you recently experienced any of the following:

NO ANSWER PROVIDED

Major Dental Conditions:

☒ No

Mental Health Condition: (Complete Mental Health Intake Screening on every person)

☒ No

Appearance:

☒ Unremarkable

If yes to any of the above, please explain:

normal

Behavior:

☒ Appropriate

Please note:

normal

State of Consciousness:

☒ Alert

Please Note:

aox3

Breathing:

☒ Unremarkable

Ease of Movement:

☒ Unremarkable

Please Note:

no visible mobility issues

TK PULASKI INTAKE SCREENING MEDICAL BOOKING
INTAKE SCREENING, MEDICAL, INTERVIEW

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Skin Conditions:

NO ANSWER PROVIDED

FEMALE HEALTH:

Are you pregnant now:

NO ANSWER PROVIDED

Are you currently on contraceptives?

NO ANSWER PROVIDED

If pregnant EDD?

NO ANSWER PROVIDED

Number of pregnancies:

NO ANSWER PROVIDED

Number of live births and type of delivery

NO ANSWER PROVIDED

Have you had any high risk pregnancies?

NO ANSWER PROVIDED

Last menstrual cycle:

NO ANSWER PROVIDED

Name and phone number of OB/GYN:

NO ANSWER PROVIDED

Date of last visit to OB/GYN:

NO ANSWER PROVIDED

Next scheduled appointment:

NO ANSWER PROVIDED

SUBSTANCE USAGE/ABUSE HISTORY:

Are you using or have you ever used any of the following? If so, what is the date of last use and frequency of use (daily, often, occasionally)? IF ANY ARE DAILY INITIATE APPROPRIATE DETOX WITHDRAWAL MONITORING FLOWSHEET

☒ Denies Current or Prior Use

Have you ever had or are you currently having any withdrawal symptoms when you stopped drugs or alcohol?

☒ No

Are you a current IV drug user: (if yes, refer to provider for evaluation)

☒ No

TK PULASKI INTAKE SCREENING MEDICAL BOOKING
INTAKE SCREENING, MEDICAL, INTERVIEW

Patient Name: LAWRENCE, KENNETH RENEE
Patient Number: 185217
Location: D-109
DOB: [REDACTED]
Facility: PULASKI CTY REG DET CTR
Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

Other comments or physical findings not covered on this questionnaire?

NO ANSWER PROVIDED

Explain:

NO ANSWER PROVIDED

PREA SCREENING:POTENTIAL AGGRESSOR:

1. Have you ever been involved in an incident where you sexually abused other inmates?

☒ No

2. Have you ever been involved in an incident where you sexually abused other people outside of prison?

☒ No

3. Have you ever been involved in a violent offense within an institutional setting or jail?

☒ No

4. Have you ever committed a violent offense within an institutional setting or jail?

☒ No

ASSESSMENT: IF QUESTION 1 IS MARKED YES, OR IF ANY 3 OR MORE ARE YES, THEN NOTIFY JAIL ADMINISTRATION AND/OR MENTAL HEALTH OF INMATES POTENTIAL AS AN AGGRESSOR.

POTENTIAL VICTIM:

1. Does inmate appear to have or report a mental, physical, or developmental disability?

☒ No

2. Have you ever been a victim of sexual abuse in prison or jail?

☒ No

3. Have you ever been a victim of sexual abuse as an adult or child?

☒ No

4. Is inmate less than 21 years old or over 65 years old?

☒ No

5. Is inmate of slight physical stature? (Males less than 5'6" and/or less than 140 lbs OR Female; less than 5' and/or less than 100lbs.)

☒ No

6. Is this the first time you have been incarcerated?

☒ No

7. Is the inmate's Criminal History exclusively non-violent?

☒ YesTK PULASKI INTAKE SCREENING MEDICAL BOOKING
INTAKE SCREENING, MEDICAL, INTERVIEW

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED] 1

Facility: PULASKI CTY REG DET CTR

Electronically Signed By POMAYBO, SHANE on 6/8/2017

LAWRENCE, KENNETH RENEE #185217

DOB: [REDACTED] Location: D-109

8. Are you gay/lesbian, bisexual, transgender, intersex or gender non-conforming?

☒ No

9. Does inmate have current or prior convictions for sex offenses against a child or adult?

☒ No

10. Do you believe yourself to be vulnerable to being sexually abused in prison?

☒ No

ASSESSMENT: IF QUESTION 1 OR 2 IS MARKED YES, OR IF ANY 3 OR MORE ARE YES, THEN NOTIFY ADMINISTRATION AND/OR MENTAL HEALTH OF INMATE'S POTENTIAL AS A VICTIM OF SEXUAL AGGRESSION.

NOTIFICATION:

Mental Health Notified?

☒ No

DATE:

NO ANSWER PROVIDED

TIME:

NO ANSWER PROVIDED

Jail Administration Notified?

☒ No

DATE:

NO ANSWER PROVIDED

TIME:

NO ANSWER PROVIDED

HOUSING:

Recommended housing based on medical/mental health evaluation:

☒ Lower level/Lower bunk (Note Reason)

Explain:

possible seizure

CONTINUITY OF CARE PLAN:

Continuity of Care:

NO ANSWER PROVIDED

TK PULASKI INTAKE SCREENING MEDICAL BOOKING
INTAKE SCREENING, MEDICAL, INTERVIEW

Patient Name: LAWRENCE, KENNETH RENEE

Patient Number: 185217

Location: D-109

DOB: [REDACTED]

Facility: PULASKI CTY REG DET CTR

Electronically Signed By POMAYBO, SHANE on 6/8/2017